Mass General Brigham
Health Plan

Medical Necessity Guidelines
Bariatric Surgery

Policy Number: 008

Contents

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for bariatric surgeries for Mass General Brigham Health Plan members. The treating specialist must request prior authorization for bariatric surgery.

Medicare Advantage

Prior Authorization Required	Yes ☒ No ☐
Prior Authorization NOT Required	43659
Not covered	S2083

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies

are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare offers the following coverage guidelines:**

- **NCD: Bariatric Surgery for the Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)**
- **LCD - Bariatric Surgical Management of Morbid Obesity (L35022)**

For Medicare Advantage plan members, InterQual criteria are superseded by the NCD above.

Mass General Brigham ACO

Prior Authorization Required	Yes ☒ No ☐
Prior Authorization NOT required	43659, S2083
Not covered	43889, C9785

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth had the following coverage guidelines:**

1. **Guidelines for Medical Necessity Determination for Bariatric Surgery.**

Endoscopic sleeve gastroplasty is not a covered service for ACO members.

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes ☒ No ☐
Prior Authorization NOT required	43659, S2083

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **See Medicare Advantage criteria and exclusions above. If Medicare Advantage criteria are not met, then MassHealth criteria are applied.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes ☒ No ☐
Prior Authorization NOT required	43659, S2083

Mass General Brigham Health Plan covers primary and revisional bariatric surgery for the treatment of severe obesity when such surgery is authorized prior to the procedure and meets medical necessity criteria.

Medical necessity for bariatric surgery for adults 18 years of age and older is determined through InterQual® criteria, with the exception of primary procedure endoscopic sleeve gastroplasty (ESG) and revisional procedures single anastomosis duodenal-ileal bypass (SADI-S) and transoral outlet reduction (TORe). Criteria can be found below.

InterQual

To access the InterQual® criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Based upon InterQual® criteria, authorization of bariatric surgical procedures is limited to:

1. Roux-en-Y Gastric Bypass (RYGB)
2. Gastric Bypass using Biliopancreatic diversion (BPD) with duodenal switch (DS)
3. Sleeve Gastrectomy
4. Laparoscopic adjustable gastric banding (LAGB)
5. Adjustable Gastric Banding (AGB) (Repair, removal, and revision)
6. Revisional procedures including:
    a. Revision of gastroduodenal anastomosis with reconstruction
    b. Revision of gastrojejunal anastomosis with reconstruction

Endoscopic Sleeve Gastroplasty (ESG)

To be eligible for ESG as a primary procedure, the member must meet all of the following criteria:

1. The member is between the ages of 21 and 65 years; and
2. The member has a body mass index (BMI) of
    a. 35-40 kg/m^2, or
    b. 30-40 kg/m^2 with type 2 diabetes mellitus (DM) or metabolic syndrome, or
    c. 32.5-40 kg/m^2 and Asian descent, or
    d. 27.5-40 kg/m^2 with Asian descent and either type 2 diabetes mellitus (DM) or metabolic syndrome; and
    e. ≥ 40 kg/m^2 and other bariatric procedures are contraindicated; and
3. The member has a history of inability to achieve or maintain weight loss and has participated in a supervised weight loss program; and
4. The member understands the procedure and demonstrates willingness to comply with the lifelong lifestyle impacts and dietary restrictions required by the procedure; and
5. The member has completed a psychological evaluation with a behavioral health provider and been cleared to undergo the procedure; and
6. The member has completed a dietary consultation with a licensed medical professional (including a physician, physician assistant, nurse practitioner, or registered dietician); and
7. The member is not pregnant and does not plan to become pregnant within 18 months of surgery; and
8. The member does not have any endocrine conditions that could be contributing to their obesity; and
9. Follow-up care is planned with the member's care team.

Exclusions:

1. The member has had any abdominal surgery (other than an uncomplicated cholecystectomy or appendectomy) that has resulted in complications such as obstruction and/or adhesive peritonitis or known abdominal lesions; or
2. The member has any inflammatory disease of the gastrointestinal tract or is at risk of developing upper gastrointestinal bleeding conditions; or
3. The member has a structural abnormality in the esophagus or pharynx or a severe esophageal motility disorder that could impede passage of the endoscope; or
4. The member has any serious health condition unrelated to weight that may increase the risk of endoscopy; or
5. The member experiences chronic abdominal pain; or
6. The member has any motility disorders of the GI tract such as gross esophageal motility disorders, gastroparesis or intractable constipation; or
7. The member suffers from hepatic insufficiency or cirrhosis; or
8. The member has used an intragastric device prior to this procedure, as the increased thickness of the stomach wall may prevent effective suturing; or
9. The member is taking medications on specified hourly intervals that may be affected by changes to gastric emptying, such as anti-seizure or anti-arrhythmic medications.
10. Substance use disorder or alcohol use disorder that has not been in remission for at least 1 year.
11. Any psychiatric disorder that is not well controlled.

Single Anastomosis Duodenal-Ileal Bypass (SADI-S)

To be eligible for SADI-S as a revisional procedure, the member must meet all of the following criteria:

1. The member is requesting revisional bariatric surgery due to one of the following:
    a. The member failed primary surgery due to one of the following:
        i. The member was unable to achieve ≥ 50% excess body weight loss; or
        ii. The member was unable to maintain ≥ 50% excess body weight loss; or
    b. The member is experiencing a perioperative or late surgery complication of one of the following:
        i. The member has gastric band slippage or obstruction; or
        ii. The member has band erosion; or
        iii. The member has outlet or bowel obstruction; or
        iv. The member is experiencing pouch or esophageal dilation or enlargement; or
        v. The member is experiencing GERD which has been unresponsive to at least 8 weeks of treatment; or
        vi. The member is experiencing a stricture which has been unresponsive to dilation; and
2. The member's body measurement index (BMI) meets one of the following:
    a. At least 35 kg/m^2; or
    b. At least 32.5 kg/m^2 and the member is of Asian descent; and

3. The primary surgery was at least 1 year ago; and
4. The member has been compliant with diet and physical activity, and such compliance is documented; and
5. The member does not have a substance use disorder or has been in recovery for at least one year; and
6. The member does not have a psychiatric disorder or their psychiatric disorder is well-managed and under control; and
7. The member has completed a psychosocial evaluation and been cleared for surgery by a behavioral health provider; and
8. The member does not use tobacco or has not used tobacco for at least 6 weeks prior to surgery; and
9. The member has had a dietary consultation; and
10. The member understands the surgical procedure and post procedure compliance; and
11. The member has a follow-up planned with their health care team; and
12. The member is not pregnant and does not plan to become pregnant for at least 18 months after surgery; and
13. The procedure will be performed at bariatric surgery center; and
14. The member's primary bariatric procedure was one of the following:
    a. RYGB; or
    b. Sleeve Gastrectomy.

To be eligible for SADI-S as the second stage in a two-stage bariatric procedure, the member must meet all of the following criteria:

1. The member is at least 18 years of age; and
2. The member has a BMI of at least 40 kg/m^2; and
3. The first stage procedure was a sleeve gastrectomy, and it was completed at least 6 months ago; and
4. The member has been unable to achieve or maintain weight loss; and
5. The member has no significant gastrointestinal symptoms or the member has been evaluated and their symptoms have been cleared; and
6. The member does not have a substance use disorder or has been in recover for at least one year; and
7. The member does not have a psychiatric disorder or their psychiatric disorder is well-managed and under control; and
8. The member has completed a psychosocial evaluation and been cleared for surgery by a behavioral health provider; and
9. The member does not use tobacco use or has not used tobacco for at least 6 weeks prior to surgery; and
10. The member completed a dietary consultation; and
11. The member understands the surgical procedure and post procedure compliance; and

12. The member has a follow-up planned with their health care team; and
13. The member is not pregnant and does not plan to become pregnant for at least 18 mos after surgery; and
14. The procedure will be performed at bariatric surgery center.

Transoral Outlet Reduction (TORe)

To be eligible for TORe, the member must meet all of the following criteria:

1. The member is at least 18 years of age; and
2. The member is requesting a revisional bariatric procedure; and
3. The member failed primary surgery due to one of the following:
    a. The member was unable to achieve at least 50% excess body weight loss; or
    b. The member was unable to maintain at least 50% excess body weight loss; and
4. The member's BMI is one of the following:
    a. At least 35 kg/m^2; or
    b. At least 32.5 kg/m^2, and the member is of Asian descent; and
5. The primary surgery was performed at least one year ago; and
6. The member has been adherent with diet and physical activity since the primary surgery, and this adherence has been documented; and
7. The member does not have a substance use disorder or has been in recovery for at least one year; and
8. The member does not have a psychiatric disorder or their psychiatric disorder is well-managed and under control; and
9. The member completed a psychosocial evaluation and was cleared for surgery by a behavioral health provider; and
10. The member has never used tobacco use or has not used tobacco for at least 6 weeks prior to the surgery; and
11. The member completed a dietary consultation; and
12. The member understands the surgical procedure and post procedure compliance; and
13. The member has a follow-up planned with their health care team; and
14. The member is not pregnant and does not plan to become pregnant for at least 18 months after the surgery; and
15. The procedure will be performed at bariatric surgery center; and
16. The member's primary bariatric procedure was RYGB.

Adolescents

Medical necessity for bariatric surgery for adolescents (13 years of age through 17 years of age) is determined through InterQual® criteria. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Based upon InterQual® criteria, authorization of bariatric surgical procedures is limited to:

1. Roux-en-Y Gastric Bypass (RYGB)
2. Sleeve Gastrectomy
3. Adjustable Gastric Banding (AGB) (Repair, removal, and revision)
4. Revisional procedures including:
    a. Revision of gastroduodenal anastomosis with reconstruction
    b. Revision of gastrojejunal anastomosis with reconstruction

Exclusions

1. Primary endoscopic bariatric surgery procedures such as:
    a. Natural orifice transluminal endoscopic surgery (NOTES);
    b. Transoral gastroplasty;
    c. Endoluminal vertical gastroplasty;
2. Gastric balloon;
3. Long limb gastric bypass.

Definitions

Bariatric surgery: Non-cosmetic, surgical procedures used in the treatment of morbid obesity.

Body Mass Index (BMI): Calculated by dividing the patient's weight, in kilograms, by height, in meters, squared.

Conversion Surgery: A surgery that changes one type of procedure to a different type of procedure.

Corrective Surgery: Surgical procedures addressing complications or an incomplete treatment effect of a prior surgery, without changing the type of procedure. May include reversal procedures that restore the original anatomy.

Related Policies

- Bariatric Surgery Payment Policy

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopy procedure, stomach†
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only

43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
43999	Unlisted procedure, stomach (physician claims only)
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components (ICD-10-PCS 0DV78ZZ Restriction of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic)
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

[†]43659 is an unlisted code that may be used to describe SADI-S or other procedures. When SADI-S is requested, and the member meets the criteria, this code may be approved. When this code is used to describe other procedures, secondary review is required.

Effective Dates

November 1, 2026: Ad hoc review. Added criteria for ESG. Clarified that MassHealth does not cover ESG. Updated formatting, code list, and references.
July 1, 2026: Ad hoc review. Reformatted policy. Removed reference to customized IQ subset as customization has been retired. SADI-S and TORe criteria added to policy.
January 2026: Ad hoc review. Updated prior authorization table and added variation for One Care and SCO members.

October 2025: Annual review. Fixed code disclaimer. Clarified how medical necessity is determined for adults versus adolescents. Added LCD.
May 2025: Ad hoc review. Added transoral outlet reduction (TORe) to list of approvable revision procedures. Added NCD. Updated codes. TORe codes when used as revisional procedure for RYGB are retroactively approvable to 7/1/2024.
December 2024: Annual review. MassHealth variation language added. Clarified that both primary and revisional bariatric surgical procedures use InterQual® criteria. Deleted section on Vertical-banded Gastroplasty as no longer covered. Codes updated.
May 2024: Ad hoc review. Added SADI-S coverage. References updated.
October 2023: Annual review. Medicare Advantage added to table. Medicare variation language added.
October 2022: Annual review. Exclusions clarified. Codes updated. References updated.
October 2021: Annual review.
October 2020: Annual review. References updated.
December 2019: Annual review. Added exclusion list. References updated.
January 2019: Annual review. References updated.
March 2018: Annual review. Added CPT, HCPC codes.
September 2017: Annual review. Clarified coverage criteria for Vertical-banded Gastroplasty by adding "revisional procedures".
February 2017: Ad hoc review. Changes reflect the addition of InterQual® criteria for Gastric Bypass using Roux-en-Y, Gastric Bypass using biliopancreatic diversion with duodenal switch, Sleeve gastrectomy, Laparoscopic adjustable gastric banding, Adjustable Gastric Banding and Revision procedures.
September 2016: Annual review.
September 2015: Annual review. Smoking cessation counselling added, and references updated.
September 2014: Ad hoc review. Reoperation, revision, and surgery to criteria Added.
February 2014: Annual review.
February 2013: Annual review. Gastric placation added to excluded procedures, specified adolescent criteria added.
January 2012: Annual review. Modified age requirement for bariatric surgeries. Removed specific requirements for laparoscopic sleeve surgery.
January 2011: Annual review.
March 2010: Annual review.
January 2009: Annual review.
January 2008: Annual review.
January 2007: Annual review.
January 2006: Annual review.
January 2005: Annual review.
September 2002: Effective date.

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